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Board Meeting 16 June 2018 Agenda Item 2b.

### BOARD MEETING Saturday, 24 February 2018

# Marriott Pinnacle Hotel 1128 West Hastings St. Vancouver, B.C. "Ambleside 1 Room", 4<sup>th</sup> Floor

# MINUTES

The meeting commenced at 8:34 am.

#### In Attendance

Dr. Don Anderson, President Dr. Susan Chow, Vice-President Dr. Patricia Hunter, Treasurer Dr. Deborah Battrum (by phone) Dr. Doug Conn Dr. Dustin Holben Dr. Andrea Esteves Dr. Michael Flunkert Ms. Barb Hambly

# Mr. Terry Hawes Mr. Oleh Ilnyckyj Ms. Dorothy Jennings Ms. Cathy Larson Ms. Sabina Reitzik Dr. Masoud Saidi Dr. Mark Spitz Mr. Neal Steinman

#### **Regrets:**

Mr. Gurdeep Bains

#### Staff in Attendance

Mr. Jerome Marburg, Registrar & CEO
Ms. Nancy Crosby, Manager of CEO's Office
Dr. Chris Hacker, Director of Professional Practice & Deputy Registrar
Ms. Joyce Johner, General Counsel
Dr. Meredith Moores, Complaints Investigator
Ms. Roisin O'Neill, Director of Registration and HR
Ms. Leslie Riva, Sr. Manager, CDA Certification and QA
Ms. Marife Sonico, Administrative Assistant, Registrars Office
Dr. Peter Stevenson-Moore, Dental Policy Advisor
Ms. Anita Wilks, Director of Communications
Ms. Carmel Wiseman, Policy Development & Deputy Registrar
Mr. Dan Zeng, Director of Finance and Administration

#### **Invited Guests**

Dr. Richard Busse, Chair – Facial Aesthetics Working Group Dr. Peter Lobb, Chair - Bylaw Working Group Dr. Ash Varma, Chair - Quality Assurance Committee



### 1. Call Meeting to Order and Welcoming Remarks

The President called the meeting to order and mentioned that because of the weather, a few board members may still be on their way. He welcomed newly appointed Public Board member, Ms. Barb Hambly. He also relayed Mr. Gurdeep Bains' regrets for missing the board meeting due to illness.

#### 2. Consent Agenda

- a. Approve Agenda for 24 February 2018 (attachment)
- b. Approval of Board Minutes of 24 November 2017 (attachment)
- c. Reports from Committees (attachments)

Dr. Anderson informed the board of the following changes to the agenda under item 14:

- 14A NDEB Nomination Process
- 14B Specialty Recognition
- 14C CDRAF update

Dr. Mark Spitz, recognizing the time constraints for the day, suggested to move agenda #19 to the next board meeting.

Mr. Terry Hawes put forward a motion to add a standing agenda item before the consent agenda for board members to declare conflict of interest. Another suggestion was brought up to have the standing conflict of interest agenda item also added in Committee meetings. Some board members pointed out that it might be unnecessary since all board members are aware of their responsibility to declare conflict of interest and have signed an agreement. Mr. Marburg mentioned that the implication of this is that the conversation will have to go In Camera because the conflict of interest declaration or discussion is confidential.

#### MOTION: Hawes/Jennings

To create a standing agenda item before the consent agenda entitled conflict of interest so any board member can declare a conflict of interest on any item before the meeting starts

#### **Defeated**



The President pulled out the Board minutes from the consent agenda per request of Mr. Terry Hawes.

#### MOTION: Holben/Spitz

That the items on the Consent Agenda (A & C) for the 24 February 2018 Board meeting be approved.

#### **Carried**

Dr. Spitz brought forward a correction on the attendance list that Dr. Dustin Holben was at the 24 November 2017 Board meeting and Mr. Dan De Vita was not. The minutes will be revised to correct this.

Mr. Terry Hawes expressed his concern about receiving a copy of the board minutes three (3) months after a board meeting. He mentioned that he is finding it hard to recall the conversations and agreements given the timeframe.

The Registrar explained that the College is following the last instruction from the board which is to provide them with the minutes within 5 days from the meeting for their review and then to go into the board package for the next meeting.

After some discussion, it was agreed that after the College provides the draft minutes to the board officers within 5 days of the meeting, and the board officers return it with their comments to the Registrar for review. The board will receive a copy of the minutes within 30 days of the meeting through posting to the web portal.

#### MOTION: Conn/Larson

That the Board minutes for the 24 November 2017 Board meeting be approved as amended.

**Carried** 

#### 3. Business Arising from the Consent Agenda

There was no business arising from the consent agenda.

#### 4. Executive Limitation Reports

CDSBC Governance policy requires that the CEO report regularly to the Board on matters identified by the Board through a series of Executive Limitations policies. This is one of the ways the Board discharges its oversight obligations without delving into operational issues. The CEO routinely submits these reports to the Board.



- EL2: Treatment of Public (attachment)
- EL3: Registration, Certification and Monitoring (attachment)
- EL4: Treatment of Staff (attachment)
- EL5: Financial Planning/Budgeting (attachment)
- EL6: Financial Condition and Activities (attachment)
- EL7: Emergency Registrar Succession Planning

The Registrar asked the board to put forward their questions on Executive Limitation reports included in the board package.

Dr. Susan Chow raised a question about the heading for EL3 to Registrants, Certificants and Monitoring. Mr. Marburg acknowledged the question and will look into it.

Dr. Chow also asked a question about EL7. This item was moved to In Camera.

#### 5. Deputy Registrar Report (attachment)

Dr. Chris Hacker presented his report outlining statistics on complaint resolution. He acknowledged the Complaints team for all their excellent work and thanked Ms. Carmel Wiseman for creating an efficient process for the College.

A question was raised on whether Bylaw 12 is expected to increase the number of complaints received. Dr. Hacker explained the process which the Complaints team has been following to handle reports related to Bylaw 12.

Mr. Marburg explained that resource issues were what drove us to narrow and strengthen Bylaw 12. He added that while dealing with advertising and promotional reports/complaints is initially a transfer of resources, it may eventually have an impact on resources.

#### 6. Management Report (attachment)

Registrar/CEO Jerome Marburg submitted a written report on behalf of the staff and management of the College. The board had no questions on the report.

#### This concludes the open portion of the meeting. The meeting ended at 9:21am

The remainder of the meeting will be held in camera, per Section 2.15 (9) of the College Bylaws under the *Health Professions Act*.

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# **BOARD MEETING**

**Board Meeting** 24 February 2018 Agenda Item 2a.

#### Saturday, 24 February 2018 8:30 a.m. – 4:30 p.m.

Marriott Hotel 1128 West Hastings Street, Vancouver, BC "Ambleside 1 Room", 4<sup>th</sup> Floor

# AGENDA

Α.	Description of Agenda Items	Presenters
1.	Call Meeting to Order and Welcoming Remarks	Anderson (5 mins)
2.	CONSENT AGENDA	
	<ul> <li>a. Approve Agenda for 24 February 2018 (attachment)</li> <li>b. Approval of Board Minutes of 24 November 2017 (attachment)</li> <li>c. Reports from Committees (attachments)         <u>MOTION:</u>         That the items on the Consent Agenda for the 24 February 2018 Board         meeting be approved.</li> </ul>	Anderson (5 mins)
3.	Business Arising from Consent Agenda Note: Questions, if any, arising from Consent Agenda must be forwarded to the Chair at least 3 business days prior to Board meeting	Anderson (2 mins)
4.	<ul> <li>Executive Limitation Reports:</li> <li>EL2: Treatment of Public (attachment)</li> <li>EL3: Registration, Certification and Monitoring (attachment)</li> <li>EL4: Treatment of Staff (attachment)</li> <li>EL5: Financial Planning/Budgeting (attachment)</li> <li>EL6: Financial Condition and Activities (attachment)</li> </ul>	Marburg (10 mins)



Α.	Description of Agenda Items	Presenters
5.	Deputy Registrar's Report (attachment)	Hacker (10 mins)
6.	Management Report (attachment)	Marburg (5 mins)
The re	This concludes the open portion of our meeting. The remainder of the meeting will be held in camera, per Section 2.15 (9) of the College Bylaws under the <i>Health Professions Act</i> .	

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Board Meeting 24 February 2018 Agenda Item 2.b.

#### **BOARD MEETING** Friday, 24 November 2017

# **Terminal City Club** 837 West Hastings St. Vancouver, B.C. "Skidmore Room"

# MINUTES

Mr. Terry Hawes

Mr. Oleh Ilnyckyj

Ms. Cathy Larson

Ms. Sabina Reitzik Dr. Masoud Saidi

Mr. Neal Steinman

Dr. Mark Spitz

The meeting commenced at 8:35 am

#### In Attendance

Dr. Don Anderson, President

- Dr. Susan Chow, Vice-President
- Dr. Patricia Hunter, Treasurer
- Dr. Deborah Battrum
- Dr. Doug Conn
- Dr. Dustin Holben
- Dr. Andrea Esteves
- Dr. Michael Flunkert

# **Regrets:**

Ms. Dorothy Jennings

#### Staff in Attendance

Mr. Jerome Marburg, Registrar & CEO Mr. Greg Cavouras, General Counsel Ms. Nancy Crosby, Manager of CEO's Office Dr. Chris Hacker, Director of Professional Practice & Deputy Registrar Ms. Roisin O'Neill, Director of Registration and HR Dr. Peter Stevenson-Moore, Dental Policy Advisor Ms. Leslie Riva, Sr. Manager, CDA Certification and QA Ms. Marife Sonico, Administrative Assistant, Registrars Office Ms. Anita Wilks, Director of Communications Ms. Carmel Wiseman, Policy Development & Deputy Registrar Mr. Dan Zeng, Director of Finance and Administration



#### 1. Call Meeting to Order and Welcoming Remarks

The President welcomed everyone and informed that the agenda for the day is packed and reminded the group of the CEO evaluation happening at 2:30pm.

#### 2. Please see Item 9 of In Camera agenda

#### 3. Consent Agenda

- a. Approve Agenda for 24 November 2017 (attachment)
- b. Approval of Board Minutes of 23 September 2017 (attachment)
- c. Reports from Committees (attachments)

Dr. Susan Chow advised that she will not be reporting on Bylaw 2 (agenda item 15) and instead Dr. Peter Lobb will be presenting that agenda item to the Board.

The President noted that under item 13, the first motion on changes to the awards policy will not be put forward to the Board.

Two new business items were put forward:

- Douglas College's Dental Assisting Program
- Update on the Dental Learning Centre

#### <u>MOTION</u>: Conn/Holben

That the items on the Consent Agenda for the 24 November 2017 Board meeting be approved.

**Carried** 

#### 4. Business Arising from the Consent Agenda

There was no business arising from the consent agenda.

#### 5. First Nations Cultural Safety Course - Follow Up

The Registrar reported that he and a few other Board members have completed the course. He shared that he found it very valuable, and further encouraged the rest of the Board to take the course, consistent with one of our strategic plan objectives and



the Declaration of Commitment to Cultural Safety and Humility that the Board signed in March 2017.

#### 6. Executive Limitation Reports

CDSBC Governance policy requires that the CEO report regularly on matters identified by the Board through a series of Executive Limitations policies. This is one of the ways the Board discharges its oversight obligations without delving into operational issues. The CEO routinely submits these reports to the Board.

- EL2: Treatment of Public (attachment)
- EL3: Registration, Certification and Monitoring (attachment)
- EL5: Financial Planning/Budgeting (attachment)
- EL6: Financial Condition and Activities (attachment)
- EL8: Asset Protection (attachment)
- EL9: Compensation & Benefits (attachment)

There were no questions regarding the reports included in the board package.

#### 7. Deputy Registrar Report (attachment)

Dr. Chris Hacker gave a quick summary of the complaints statistics and indicated that staff holidays and a decreased number of Inquiry Committee meetings usually result in slightly skewed data for this quarter. He highlighted the in-person meeting with the Inquiry Committee that took place 17 November which they found to be valuable and allowed for more relevant conversations (as opposed to the usual teleconference meetings).

Dr. Hacker also mentioned that there are a number of files that have been moved out of province for investigation by another College. He explained that if a complaint is made against a registrant with an apparent conflict of interest, the complaint is moved to another College in another province for investigation. The number of these out-of-province investigations varies. Currently there are about 4 or 5 in various stages.



#### 8. Management Report (will be sent electronically)

Mr. Marburg submitted a written report on behalf of the staff and management of the College. He cited that the management report is a constantly evolving piece and asked the Board to put forward their suggestions on the format, if any.

This concludes the open portion of the meeting. The meeting ended at 9:02 am

The remainder of the meeting will be held in camera, per Section 2.15 (9) of the College Bylaws under the *Health Professions Act*.

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#### CDSBC Committee Report to Board For Public Agenda

- Committee Name Inquiry Committee
- Submitted by Dr. Greg Card, Chair
- Submitted on 31 December 2017

**Meeting Frequency** From 31 October 2017, the date of the last report, until 31 December 2017, the Inquiry Committee as a whole met on the following dates:

• 17 November 2017

Inquiry Committee Panels met on the following dates:

• 21 November 2017

In addition, a Panel of the Inquiry Committee meets weekly electronically to review new complaints received and direct how each new file is to be handled (normally through investigation or early resolution).

Matters Under Consideration Between 01 November 2017 and 31 December 2017, Inquiry Committee Panels received information and gave directions regarding files involving 16 dentists and 1 certified dental assistant under review. The files had been referred to a Panel because they were complex; the registrant has asked to meet with a Panel; the registrant is a member of the either the CDSBC Board or a College Committee; or for consideration of proposals from registrants regarding complaint dispositions.

Statistics/Report 34 files were opened and 24 files were closed between 01 November 2017 and 31 December 2017.

**Future Trends** It appears that the number and complexity of complaints received over the last few months has increased. This has resulted in the number of complaints received in the last two months being greater than those files closed. It is expected that a number of these more complex files will be closed over the next two Inquiry Committee meetings.

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Board Meeting 24 February 2018 Agenda Item 2c.

#### **CDSBC Committee Report to Board** For Public Agenda

- **Committee Name** Audit Committee and Finance & Audit Working Group
- Submitted by Mr. Terry Hawes, Chair

Submitted on February 5, 2018

Meeting Frequency 16 May 2017 13 September 2017 – Video Conference 18 October 2017 2 November 2017 25 January 2018 8 May 2018

Matters Under Consideration

#### 2018-2019 Budget (Operating and Capital)

The 2018-2019 Budget was APPROVED by the Board – November 24, 2017 meeting.

#### Ongoing review of Expense reports of Board/Committee and staff

The Audit Committee and Finance & Audit Working Group reviewed expense reports submitted by the Registrar and Board/committee members. There were no significant deficiencies noted.

#### Work in Progress – Action Items

#### \*\*\* Reporting and Internal Controls / Multi-Year Projects – Bylaws

Management and the Audit Committee and Finance & Audit Working Group discussed the system and process by which multi-year project status (in particular the Bylaw rewrite) and costs are monitored and controlled. Management and the Governance Committee will provide historical reporting as to costs tied to approved Minutes for this multi-year project in addition to project status, time to complete, costs incurred to date (cumulative) and estimated costs to complete. It is planned to have this detail and report for the June 2018 Board Meeting.



#### \*\*\* Financial Reporting, format, style and content

Management, External Auditors and the Audit Committee and Finance & Audit Working Group discussed the Statement of Financial Position and how Cash is presented on the Annual Financial Statements. It was concluded that the External Auditors would add a formal NOTE to the Financial Statements to explain Cash to the financial statement reader. The Board will be briefed directly on this NOTE as part of the Financial Statement workshop to be held in May 2018.

#### \*\*\* BCDA Contract, fees

There is an outstanding Board Motion (David Pusey) for Management to develop a business case as to the BCDA Agreement of Fees relative to CDSBC collecting their fees from Registrants. Management will be developing this and it is planned to bring this report to the Board at the June 2018 Board Meeting.

#### \*\*\* Annual Report, Content update

Management, External Auditors and the Audit Committee and Finance & Audit Working Group discussed the Annual Report and in particular the PIE chart that is typically included as to show readers where funds are expended. This chart will be amended commencing 2017-2018 to exclude the BCDA fee amount as this is not an item that appears on our Financial Statements and is only a flow through collection process.

#### \*\*\* Interim Financial Reporting, use of Accruals (Payroll)

Management and staff have updated the interim financial reports (commencing fiscal 2017-2018) to accrue expenditures and in particular Payroll costs. This work is greatly appreciated and will result in reports that reflect a more accurate picture of the monthly expenditure sand avoid lumpy expenditures.

**Committee Objective** For 2017-2018:

as above

**Progress and Timeline** to Completion:

Budget APPROVED November 24, 2017



Expense Reports are an ongoing matter

Action Items - Work In Progress Inventory

#### Challenges to Timeline: N/A

Work in Progress:

#### <u>Existing</u>

- Formulation of controls and systems relative to capital budget projects
- Review reporting relative to practice inspection, criminal records checks and consultant fees. Multi-year projection and tracking mechanisms to be discussed with staff and Working Group for upcoming fiscal year.
- Review D&O Insurance, Indemnification, and Advancement, integration with Bylaws
- Bylaw update as required by the Bylaw Working Group
- Create policy as to Unrestricted Net Assets in terms of level, transfers and management
- Mind Map of CDSBC provincial, national, international. While not strictly and Audit/Finance matter, useful for Board to have a picture of CDSBC and related organizations on provincial, national, and international scene as it impacts our policy development and resource commitments as well as potential risks related to need to respond to national and international trade, labour mobility, accreditation/certification.
- Financial Reporting format, style and content (statement of financial position, segmented funds, Discussed and decided as at Feb 2018 Audit/Finance meeting -- with expectation that Auditors will add relevant notes to audited financial statements prepared for publication.
- BCDA Fee Agreement 2018 forward
- Executive Limitation reports review and updating
- Appointment of Auditor for 2018, financial statements standard and format, receipt of reporting letter and supplementary documents from Auditor
- Risk Analysis, monitoring material litigation



- Integration of the Strategic Plan with the Budget
- Interim financial reporting and accounting processes/policies, detailed reporting of Fund expenditures
- Review previous GST opinion on Rental Income

#### NEW – February 2018

- CDSBC Budget Financial Statements expanded scope for external auditors? For consideration in next fiscal cycle with potential impact on audit service plan.
- Collection of BCDA fees by CDSBC (not strictly an Audit Committee and Finance & Audit Working Group agenda item)
- CDSBC Awards (Risk Management, not strictly an Audit Committee and Finance & Audit Working Group agenda item)
- IT Operation Plan Cloud vs. Internal. Update to the Committee/Working Group as to projected costs. Anticipation is that staff will build infrastructure/software replacement costs into forecast analysis on a going forward basis so that we can assess efficacy of hosting our own environment against costs of going to cloud should those costs become more favourable over time.
- Review Motion(s) as to CEO/Board Evaluation costs and Invoice from Consultant.

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Board Meeting 24 February 2018 Agenda Item 2c.

#### **CDSBC Committee Report to Board For Public Agenda**

- **Committee Name CDA Advisory Committee**
- Submitted by Ms. Wendy Forrieter, Chair
- Submitted on 24 November 2018
- Meeting Frequency This Committee has not met since the last Board meeting

Matters Under	Further discussion about the Bylaws that relate to CDAs
Consideration	

Statistics/Report

**Future Trends** 

**Progress and Timeline** to Completion:

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Board Meeting 24 February 2018 Agenda Item 2c.

#### **CDSBC Committee Report to Board For Public Agenda**

- **Committee Name CDA** Certification Committee
- Submitted by Ms. Bev Davis, Chair
- Submitted on 24 February 2018
- Meeting Frequency This Committee has not met since the last Board meeting

Matters Under	Further discussion about the Bylaws that relate to CDAs
Consideration	

Statistics/Report

**Future Trends** 

**Progress and Timeline** to Completion:

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College of Dental Surgeons of British Columbia

Board Meeting 24 February 2018 Agenda Item 2c.

#### CDSBC Committee Report to Board For Public Agenda

**Committee Name Ethics Committee** Submitted by Dr. Kenneth Chow, Chair Submitted on February 5, 2018 **Meeting Frequency** 6 March 2017 (Article 5 Sub-Committee) 5 April 2017 25 April 2017 (Article 5 Sub-Committee) 29 August 2017 24 January 2018 16 May 2018 **Matters Under Consideration: Ethics Committee: Bylaws Review** The Committee accepted the new title "Ethics and Patient Relations Committee". There was discussion about committee composition. The Sub-Committee had proposed a composition of:

> at least 4 dentists (of which 1 had to be a certified specialist); at least 1 certified dental assistant; and at least 2 public members.

The Committee felt that if the Committee were to become this small, then of the dentists, at least one should be a general dentist, and at least one should be a specialist. The majority of the Committee felt that the current size of the Committee was manageable and included a sufficient number of experienced individuals that are representative of the profession at large. While there is room for increase in the number of public members, there is a feeling that the Committee would be less relevant if public members held the majority of positions. The Committee wished to reserve the right to ask for consultants and any other third party to assist in committee matters.

#### **Revision of the Bylaw 12 Interpretive Guidelines**

It was reported that the Interpretive Guidelines had not been updated since the recent posting of the revised Bylaw 12 – Advertising and Promotional Activities. Editorial change had been initiated to update the document. It was hoped that the revised document would be ready for posting in advance of 1 March 2018, when enforcement of the



Bylaw is scheduled to commence. College staff planned to make the necessary changes and review them with the Committee before proceeding.

#### **Article 5 Review**

The Article 5 Sub-Committee presented its recommendations for the disposition of Article 5 content that had not transferred to the current Bylaws and Regulations of the College. The recommendations are summarized in the attached memorandum to the Board. The area of corporate ownership and share structures were discussed and further data research and evaluation is needed.

There are several documents that cover most areas of patient care first and foremost, prior to any business decision or arrangement. The Guidelines include Patient-Centered Care and the Business of Dentistry, Building the Dentist/Patient Relationship, Standards of Practice, and the Code of Ethics with its Core Values and Principles.

#### Third Party Billing (Lab Fees)

The Committee was informed that the feedback received following the posting of the proposed policy had been entirely positive. This outcome would be reported to the Board with the recommendation that the policy be included in the Business of Dentistry documents of the College. The Committee supported this development.

#### **Testimonials on Third Party Sites**

The Chair presented information obtained from the internet concerning the posting of testimonials on third party sites that were referred to by the primary office site. The wording of the referring statement on four sites is the same:

"...we are no longer permitted to display testimonials we've received on our website due to regulatory changes from the College of Dental Surgeons of British Columbia. Instead, we are now displaying reviews left by patients at third-party sites.."

The Committee expressed concern that this "end-run" of the regulation would be attempted. Staff were asked to explore the issue further.



Committee Objective for 2017-2018:	<ul> <li>Complete revisions of the Interpretive Guidelines to reflect the Bylaw changes.</li> <li>Review the corporate shares and structures of dental practices.</li> <li>Article 5 – Review and further discussion needed: <ul> <li>5.07(h) fees for services, methods of compensation and contract practice</li> <li>5.07(h) (iii)(A), (B)(C)</li> <li>"No member, either directly or indirectly may participate in any plan, scheme, or arrangement, or do anything which might or would:</li> <li>(A) have the legal and practical effect of fettering, limiting, or interfering with a person's freedom or ability to choose his or her dentist;</li> <li>(B) result in compensation for the member's services such that the member would not or would not be likely to render adequate services to a patient, in accordance with then current generally accepted professional standards; or</li> <li>(C) directly or indirectly yield profits to any controlling lay groups, firms or corporations approved under Article 6"</li> </ul> </li> </ul>
Progress and Timeline to Completion:	6 – 12 months
Challenges to Timeline:	Collection of data from share structures of dental practices/corporations. Review and discussion with the Committee and then the Board.

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**Board Meeting** 24 February 2018 Agenda Item 2c.

#### **CDSBC Committee Report to Board For Public Agenda**

- **Committee Name Governance Committee**
- Submitted by Dr. Susan Chow, Chair

Submitted on February 2018

- **Meeting Frequency** The committee last met on February 1<sup>st</sup>, 2018 Next meeting scheduled for May 3rd, 2018
- **Matters Under** Review of the core mandate of the Governance committee in the Consideration Governance manual chapter 11 and 25

Feedback to the BWG on the portion of Bylaw pertaining the Governance committee

#### **Progress and Timeline** to Completion:

It is an ongoing process to be reviewing and fine tuning the understanding of the Governance manual.

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College of Dental Surgeons of British Columbia

Board Meeting 24 February 2018 Agenda Item 2c.

#### CDSBC Committee Report to Board For Public Agenda

- Committee Name Nominations Committee
- Submitted by Dr. David Tobias, Chair
- Submitted on 5 February 2018

**Meeting Frequency** The Committee has not met since the last board meeting. A teleconference is scheduled for 26 February to go over the details of the awards ceremony.

Matters UnderThe Committee is in the process of administering the CDSBC awards<br/>program on behalf of the Board.

The 11 award candidates approved by the Board at the November meeting will be honoured at the annual awards ceremony to take place at the Fairmont Waterfront Hotel, Mackenzie Ballroom on Thursday, 8 March 2018.

Board members are strongly encouraged to attend the ceremony to meet and celebrate the outstanding individuals who work so diligently on its behalf.

The Committee has submitted its feedback on proposed changes to Bylaw Part 4 (College Committees and Panels) to the Bylaws Working Group and is considering how any bylaw changes may impact the Awards Policy.

Statistics/Report N/A

Future Trends None.

Progress andThe role of the Nominations Committee is to administer theTimeline toCollege's awards program; this is done on an annual cycle. TheCompletion:Committee's list of recommended award winners is submitted<br/>to the Board for approval at the last meeting of the calendar<br/>year and is included here. The awards are presented at a<br/>formal ceremony each March.

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Board Meeting 24 February 2018 Agenda Item 2c.

# **CDSBC Committee Report to Board For Public Agenda**

Committee Name	Quality Assurance CE Subcommittee
Submitted by	Dr. Ash Varma, Chair
Submitted on	24 February 2018
Meeting Frequency	Has not met since last Board meeting.
Matters Under Consideration	
Connection to Strategic Plan	This Committee continues to improve professionalism and practice standards of dentists, dental therapists and CDAs.
Euturo Tronde	

**Future Trends** 

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Board Meeting 24 February 2018 Agenda Item 2c.

#### **CDSBC Committee Report to Board For Public Agenda**

- **Committee Name** Quality Assurance Committee
- Submitted by Dr. Ash Varma, Chair
- Submitted on 24 February 2018
- The QA Committee has met twice since the last Board meeting: 7 December **Meeting Frequency** 2017; 1 February 2018. The QA Working Group met 7 December 2017, 12 January and 2 February 2018.
- **Matters Under** Matters discussed at the 7 December QA meeting included: approving 2018 Consideration PDC course submissions; reviewing the RCDSO Guidelines for Implants, where it was determined more information was needed. Addressing concerns from UBC Radiology Department with regard to the CBCT use. It was determined to send an invitation to the group to have them come to discuss their issues in person.

Matters discussed at the 1 February QA meeting included: reviewing the RCDSO Guidelines for Implants. Those results will be forwarded to the Board for the June meeting.

At this same meeting representatives from UBC Radiology Department presented their concerns to the Committee with regard to CBCT use. It was determined that there may be a need to remind registrants, particularly orthodontists of their responsibilities in the use of all radiography including the use of CBCT and direct registrants to our radiography document.

Lastly, the draft QA program was presented to Committee for their consideration. It was unanimously approved for forwarding to the Board.

Matter discussed at the 8 December and 12 January QA WG meeting: continued working on the direction for the improved draft program.

Matter discussed at the 2 February QA WG meeting: As the QA Committee approved the draft document the group discussed next steps.

Statistics/Report

n/a



Future Trends n/a

# Progress and Timeline to Completion:

Draft program will be sent to the Board for consideration for the 24 February 2018 meeting

Quality Assurance Working Group consists of:

Mr. Paul Durose Dr. Alex Hird Dr. Andrea Esteves Ms. Shelley Melissa, CDA Dr. Ash Varma, Chair Dr. David Vogt

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Board Meeting 24 February 2018 Agenda Item 2c.

#### **CDSBC Committee Report to Board For Public Agenda**

Committee Name	Sedation and General Anaesthetic Services
Submitted by	Dr. Toby Bellamy, Chair
Submitted on	7 February 2018
Meeting Frequency	The committee last met on 20 November 2017. Committee meets 4-5 times per year.
Matters Under Consideration	We are collating all the changes to our sedation guidelines and including them in the main document instead of multiple addendums.
	The review of the deep sedation and general anesthetic standards continue.
Committee Objective For 2017-2018:	<ul> <li>The committee hopes to start initial self-assessments of</li> <li>Moderate IV sedation facilities in 2018</li> </ul>
	We hope to have a grandfathering process for pediatric moderate sedation completed in 2018. This will complete the review of pediatric sedation in a short course format.
Progress and Timeli	ne
to Completion:	The review of the deep sedation and general anesthetic standards are progressing well and the subcommittee hopes to have a draft to the committee in 2018.

We continue to review ACLS and its alternative for sedation in BC. We hope to have some course criteria by the end of 2018.

# POLICY EL 2: TREATMENT OF THE PUBLIC

With respect to interactions with the public, the Registrar shall not cause or allow conditions, procedures, or decisions which are unfair, unreasonable or disrespectful.

	Policy	Response/Report	
1	Use forms that elicit information for which there is no clear necessity.	Forms collect only the information required.	
2	Use methods of collecting, reviewing, transmitting, or storing information that fail to protect against improper access to the material elicited.	CDSBC has secure document storage facilities for all hard copies. Confidential shredding is used throughout the office for destruction of documents with sensitive information when those documents are slated for destruction. Electronic files are protected by industry standard firewalls and end-point security hardware and software.	
3	Fail to operate facilities with appropriate accessibility and privacy.	CDSBC offices are accessible to any of those staff who require access. Premises are alarmed and monitored. Keypad security is maintained for main office and Suite 103 entry. Private offices and meeting spaces are available and used when required to maintain privacy.	

# POLICY EL 2: TREATMENT OF THE PUBLIC

With respect to interactions with the public, the Registrar shall not cause or allow conditions, procedures, or decisions which are unfair, unreasonable or disrespectful.

Policy		Response/Report	
4	Fail to establish with members of the public a clear understanding of what may be	Registrar reports compliance. Details are included in complaints and discipline reports tabled at the Board meeting by the Deputy Registrar.	
	expected and what may not be expected from the College,	The CDSBC website contains helpful information about complaints, including a designated "news feed" on the homepage, a complaints form, and a detailed description of the complaints processes. A new public friendly BC Health Benulators wides that	
	including the processes it employs in adjudicating public complaints.	of the complaints process. A new public-friendly BC Health Regulators video that explains how health colleges investigate complaints has been added to the site.	
		Members of the public who contact the College about how to make a complaint or about the complaint process are provided with information promptly. Work is almost complete to improve the existing "online" complaint process to help people resolve potential complaints themselves or to submit a complaint online otherwise. The new online complaints submission form should be active very soon.	
		Beginning March 2016, complainants and registrants about whom a complaint has been made are asked to complete an exit survey upon the closure of the file. This one-year pilot project has been extended for another year.	
5	Fail to adjudicate complaints as expeditiously as possible.	We have made significant progress in this area over the past few years. Over the last few years, more complaint files have been closed than opened; however in recent months, the volume and complexity of new complaints have started to rise.	

# POLICY EL 2: TREATMENT OF THE PUBLIC

With respect to interactions with the public, the Registrar shall not cause or allow conditions, procedures, or decisions which are unfair, unreasonable or disrespectful.

Further, without limiting the scope of the foregoing by this enumeration, he or she shall not:

Policy		Response/Report	
6	Fail to deal with public inquiries as expeditiously as possible.	All inquiries from the public are dealt with as expeditiously as possible. The Director of Communications, in consultation with the Registrar/CEO, responds to media inquiries as quickly as possible.	
7	Fail to employ alternate dispute resolution where appropriate.	CDSBC resolves approximately 95% of all complaints through consensual dispute resolution. CDSBC has deployed resources to place more emphasis on early resolution through appropriate dispute resolution techniques. With the reduction in the backlog o complaints, staff dentists continue to try to resolve complaints quickly after a formal complaint is received if the matter is appropriate for early resolution.	

Respectfully, Submitted By:

Jerome M. Marburg Registrar and CEO

FEB 2018 Date: 7

# POLICY EL 3: TREATMENT OF REGISTRANTS

With respect to interactions with registrants, the Registrar shall not cause or allow conditions, procedures, or decisions which are unfair, unreasonable or disrespectful.

	Policy	Response/Report	
1	Use forms that elicit information for which there is no clear necessity.	Forms (both paper and electronic) collect only relevant/statutory information needed for registration. Personal assurance of registration staff and review of Registrar/CEO are evidence of compliance.	
2	Use methods of collecting, reviewing, transmitting, or storing information that fail to protect against improper access to the material elicited.	CDSBC database is secured with password protection and is located on internal servers behind firewall and industry standard end-point protection. Access to the database is restricted to only those persons requiring access for their job functions. Physical files are kept in locked cabinets wherever personal or sensitive information is present. Registrant files are kept electronically, storing the paper version on-site for one year.	
3	Fail to register applicants as expeditiously as possible.	Application process generally is completed within 2-3 weeks unless extenuating circumstances present. Online registration/application process is expected to be launched by Spring 2018. It was delayed due to other IT projects.	
4	Fail to establish with registrants a clear understanding of what may be expected and what may not be expected from the College, including the processes it employs in adjudication of public complaints.	The College communicates its expectations for registrants in a variety of ways, such as publications (electronic and print), through courses and presentations. We continue to add to our suite of course offerings; currently we are developing a joint course with the BCDA for new registrants which is scheduled for a June 2018 launch. Anonymous summaries of complaint files in which the registrant was asked to take action to improve their practice are on the website.	

# POLICY EL 3: TREATMENT OF REGISTRANTS

With respect to interactions with registrants, the Registrar shall not cause or allow conditions, procedures, or decisions which are unfair, unreasonable or disrespectful.

	Policy	Response/Report	
5	Fail to adjudicate complaints as expeditiously as possible.	Over the last number of years, the College has closed more complaint files than it has opened with the result that the inventory has been significantly reduced. We are in the second year of an exit survey pilot project for registrants and complainants. The results will be used to improve the complaints process and a summary of the results for the first year has been communicated to registrants.	
6	Fail to employ alternative dispute resolution where appropriate.	The Complaints team facilitates solutions directed by the Inquiry Committee on files where concerns have been identified.	
7	Fail to respond to registrants' inquiries as expeditiously as possible.	All inquiries, whether from registrants or members of the public, are responded to promptly. When a prompt response is not possible, persons are informed of this fact and when a response may be expected.	
8	Fail to develop a College communication strategy.	Communications materials support the strategic plan and makes use of new communications tools where appropriate. Although most communication with registrants is electronic, the College uses other methods when warranted. In support of the policy development framework, we are hosting a series of "listening sessions" with registrants and stakeholders. To improve transparency, we are adding a forum to the website to share comments from registrants and the public in response to public consultations. The College is responsive to trends or issues as they arise.	
9	Propose registration fees to the Board without a clear rationale.	All registration fees are tied to budget and budgeting process over which the Board has oversight and through which the Board and Audit/Finance Committee are consulted. The annual report includes a detailed graphic breakdown to illustrate how registrant fees are allocated to the various functions.	

# POLICY EL 3: TREATMENT OF REGISTRANTS

With respect to interactions with registrants, the Registrar shall not cause or allow conditions, procedures, or decisions which are unfair, unreasonable or disrespectful.

Policy	Response/Report	
Respectfully Submitted By:		
Wabe		
Jerome M Marburg		
Registrar and CEO		
Date: 2 FEBRUAR 2018		

500 – 1765 West 8th Avenue Vancouver BC Canada V6J 5C6 www.cdsbc.org Phone 604 736 3621 Toll Free 1 800 663 9169 Fax 604 734 9448



# **Quarterly Report**

# **Registration and Certification**

# 1 November 2017 – 31 January 2018

Prepared for the Board

Regulating dentistry in the public interest



# Overview

The Registration/Certification Team, consisting of the Director of Registration & HR, the Senior Manager, CDA Certification and Quality Assurance and four support staff, are responsible for all aspects of registration of dentists and certification of certified dental assistants. It is also responsible for the CDA Certification Committee, CDA Advisory Committee, Registration Committee, Quality Assurance Committee and the Quality Assurance CE Subcommittee.

The following represents a statistical breakdown of the activity in these areas for the period 1 November 2017 – 31 January 2018 inclusive.

Where available, the previous year's statistics for the same period (1 November 2016 – 31 January 2017) are provided in brackets.

# Continuing Education Dentists & Certified Dental Assistants

Continuing education credit submissions are received electronically and by mail and applied to each registrant's Transcript of Continuing Education. Of the more than 10,000 registrants, 3727 have their three-year cycle ending 31 December 2018.

In late August or early September, transcripts are mailed to all registrants with unfulfilled cycles ending that year.



# **DENTIST STATISTICS**

2620 . .

Practising Dentists - 3638			
NEW REGISTRATIONS			
	1 Nov 2017 – 31 Jan 2018	1 Nov 2016 - 31 Jan 2017	
Full Registrations issued (includes Specialists)	12	16	
Restricted to Specialty Registrations issued	0	0	
Academic Registrations issued	0	0	
Limited Registrations issued:			
<ul> <li>Armed services or government</li> </ul>	0	1	
Education	0	0	
Post-graduate	0	1	
Research	1	0	
Student practitioner	1	0	
Volunteer	0	0	
Temporary Registrations issued	12	18	
Non-practising Registrations issued	0	2	
GENERAL			
Transfers from Non-practising to Practising	5	5	
Transfers from Practising to Non-practising	10	10	
Lapsed	0	0	
Reinstated	3	3	
Resigned/Retired	12	16	
Deceased	1	1	



#### **CDA STATISTICS** Practising CDAs - 6087 **NEW CERTIFICATIONS** 1 Nov 2017 – 1 Nov 2016 -31 Jan 2018 31 Jan 2017 Practising Certifications issued 22 39 Temporary Certifications issued 10 14 Temporary-Provisional Certifications issued 0 0 2 Limited Certifications issued 2 Non-practising Certifications issued 0 0 **GENERAL** Transfers from Non-practising to Practising 11 15 Transfers from Temporary to Practising 16 22 Transfers from Temporary-Provisional to Practising 1 0 Transfers from Limited to Practising 0 0 9 Lapsed 14 Reinstated 40 20 Resigned/Retired 15 1 Deceased 1 0

# Module designations granted

Orthodontic Module – 10 (9) Prosthodontic Module – 1 (1) Dental Radiography Module 13 (11)

# **CDA Assessments**

Initiated assessments:

• 17 (18)

Certification issued as a result of assessment:

• 13 (14)

		POLICY EL 4: TREATMENT OF STAFF
		Due Date: Annually - End February
		istrar may not cause or allow unfair or disrespectful treatment or unsafe working conditions. oing by this enumeration, he or she shall not:
	Policy	Response/Report
1	Operate without written personnel rules which: (a) clarify rules for staff and (b) provide for effective handling of grievances including the opportunity for alternative dispute resolution.	All CDSBC staff members are provided with an Employee Handbook which is revised/updated as needed to comply with statutory requirements and any operational changes that are made. New employees participate in an orientation session to ensure that they are aware of policies and procedures.
2	Prevent any staff member from expressing non-disruptive dissent.	Monthly staff meetings are held at CDSBC with support staff acting as the rotating chairs. All employees contribute to the monthly meeting agenda and have the opportunity to address the group. Managers also meet with their teams regularly to address any specific work related issues. The Strategic Plan identifies the ongoing goa of the College as a learning and growing organization. The Registrar and senior management are charged/empowered to model and encourage behaviours which encourage staff to be curious about why and how things are done and to bring creative solutions to the table. The Registrar meets with every staff member at least once per year to explore areas of organizational strengths and opportunities.
3	Fail to conduct regular staff developmental discussions.	Management meets with staff on an ongoing basis to discuss work related issues and opportunities. A component of each employee's performance planning is personal and professional development. Explicit dollars for this have been identified in the budget.

### POLICY EL 4: TREATMENT OF STAFF

Due Date: Annually - End February

With respect to the treatment of staff, the Registrar may not cause or allow unfair or disrespectful treatment or unsafe working conditions.

Further, without limiting the scope of the foregoing by this enumeration, he or she shall not:

	Policy	Response/Report	
4	Fail to provide opportunities for professional development.	An annual training allowance is included in the budget reviewed and approved by the Board. Management meets and works with staff to encourage enrollment in courses that benefit them in their work. Specific training is provided to staff to enhance their efficiency in working with software used at the College when needed (Outlook, Sharepoint, Excel, Powerpoint). Staff is requested to provide feedback on the courses attended that may be beneficial for other team members.	
5	Fail to involve staff in decision- making relating to their particular responsibilities.	Changes in position responsibilites are discussed with staff and job descriptions are approved by both management and the staff member. Performance planning documentation includes organization design components. Department/Team meetings are held on a regular basis to discuss all aspects of individual and team responsibilities including problem-solving and improvements to existing processes.	
6	Fail to acquaint staff with all Board and College rules and policies relevant to their employ.	All new staff members participate in an in-depth orientation covering who and what the College is and does and under what legislation it operates. They are also provided with the Employee Handbook and copies of the Health Professions Act, the Regulations, and the CDSBC Bylaws. At the staff meeting following each Board meeting the CEO/Registrar informs all staff of the issues discussed at the meeting and any actions required by staff to support the Board in its decisions.	

		POLICY EL 4: TREATMENT OF STAFF
		Due Date: Annually - End February
Vith res	spect to the treatment of staff, the Re	egistrar may not cause or allow unfair or disrespectful treatment or unsafe working conditions.
urther,	without limiting the scope of the fore	egoing by this enumeration, he or she shall not:
	Doliov	Personal Person
	Policy	Response/Report

Respectfully Submitted By:

asho

Jerome M. Marburg Registrar and CEO

Date: 7 FEB 2018

	POLIC	CY EL 5: FINANCIAL PLANNING/BUDGETING Due Date: Quarterly - May, Sep, Dec, Feb
usines	s plan.	deviate materially from Board's Ends priorities, risk fiscal jeopardy, or fail to be derived from a oing by this enumeration, the Registrar shall not plan in a manner that:
	Policy	Response/Report
1	Risks the organization incurring those situations or conditions described as unacceptable in the Board's policy Financial Condition and Activities.	Registrar/CEO reports compliance per EL 6 report.
2	Fails to include credible projection of revenues and expenses, separation of capital and operational items, cash flow, and disclosure of planning assumptions.	Monthly financial statements, forecast, and Budget are evidence of compliance.
3	Fail to maintain a contingency reserve.	Registrar/CEO reports compliance per EL 6 report, and as evidenced in financial statements.

Respectfully Submitted By:

Jerome M. Marburg Registrar and CEO

5703 2018 Date:

Due Date: Quarterly - May, Sep, Dec, Feb					
terial	deviation of actual expenditures from	d activities, the Registrar shall not cause or allow the development of fiscal jeopardy or a Board priorities established in Ends policies. Joing by this enumeration, he or she shall not:			
Policy Response/Report					
1	Expend more funds than have been received in the fiscal year to date unless the debt guideline (see 2 below) is met.	CDSBC does not debt finance. Financial statements reported monthly show that expenditures do not exceed revenues.			
2	Indebt the organization in an amount greater than 5% of the annual revenue.	CDSBC does not debt finance.			
3	Use any contingency reserves except as authorized by an extraordinary motion of the full Board.	No transfers are undertaken without a Board motion. No contingency reserves have been utilized since last report.			
4	Fail to report to Board at the earliest opportunity the amount by which any item in the approved operating or capital budget is forecasted to exceed the budget for a category.	Monthly financial statements are reviewed with the Board Officers and variances are discussed. Monthly financial statements are also shared with the Audit Committee and Finance & Audit Working Group, and the latest financial statements are received at each Audit Committee and Finance & Audit Working Group meeting. Financial statements are tabled at each Board meeting showing performacne against budget. Staff report any item in the approved operating or capital budget that is forecasted to exceed the budge of any category, in the notes to the variances or verbally at the Board meeting.			

aterial	deviation of actual expenditures from	d activities, the Registrar shall not cause or allow the development of fiscal jeopardy or a Board priorities established in Ends policies. oing by this enumeration, he or she shall not:	
Policy Response/Report			
5	Authorize the payment of any item that was included in the approved operating or capital budget in an amount that will exceed the approved budget for that category by more than 50,000.	RegistrarCEO reports compliance.	
6	Fail to obtain authorization from Board before committing the College to any operating or capital expenditure not included in the approved operating or capital budget that exceeds \$25,000 or that creates or increases a cash flow deficiency for the current fiscal year.	to the Board at its June meeting, server hosting in the Cloud is not a viable option and is cost-prohibitive. Therefore, it was decided to shift the budget categories. New servers were purchased and expenses will be incurred for server replacement related planning and installation. This does not impact the overall budget, but the IT capital expenditure and the IT restricted fund are expected to exceed the \$25,000 limit.	
7	Fail to settle payroll and debts in a timely manner.	Registrar/CEO reports compliance. All payroll obligations are being met.	

	POLICY	EL 6: FINANCIAL CONDITIONS AND ACTIVITIES	
		Due Date: Quarterly - May, Sep, Dec, Feb	
naterial	deviation of actual expenditures from	id activities, the Registrar shall not cause or allow the development of fiscal jeopardy or a Board priorities established in Ends policies. going by this enumeration, he or she shall not:	
	Policy	Response/Report	
8	Allow tax payments or other government ordered payments or filings to be overdue or inaccurately filed.	Registrar/CEO reports compliance.	
9 Acquire, further encumber or dispose of real property.		Registrar/CEO reports compliance.	
10	Fail to aggressively pursue receivables after a reasonable grace period.	All receivables are recovered in a timely manner. CDSBC continues to have one outstanding debt owed to it arising from Discipline case cost/disbursments and fine. While we continue to pursue collections, the financial situation of the former registran may make collection difficult.	

Respectfully Submitted By:

2/20

Jerome M. Marburg Registrar and CEO

B.B Date:



### **Complaints Team Report**

### 01 November 2017 – 31 December 2017

Regulating dentistry in the public interest



As at 31 December 2017, the Complaints Team was handling **218** active files. The Chart at Tab A captures the breakdown by age of the open complaint files as of that date.

For this reporting period the following table compares the number of files that are over one year of age:

31 May 2017	40 files
31 August 2017	41 files
31 October 2017	52 files
31 December 2017	57 files

The following table compares files over two years of age:

31 May 2017	2 files	
31 August 2017	2 files	
31 October 2017	3 files	
31 December 2017	4 files	_

The Chart at Tab A indicates the average file age of the open files is **257** days. The following table compares the average file age of open files:

31 May 2017	239 days	
31 August 2017	245 days	-
31 October 2017	262 days	
31 December 2017	257 days	



### **Telephone Calls**

Between 01 November 2017 and 31 December 2017, the complaints support staff received:

- 70 calls from members of the public inquiring about making a complaint regarding their dentist;
- 43 calls from dentists and dental office staff regarding complaint issues;
- · 21 calls from registrants and complainants regarding their open files; and
- 53 miscellaneous inquiries.

#### Long-standing Complaints

There are many reasons a file may take an extended period of time to resolve, including:

- difficulty in obtaining reports and records;
- multiple patients involved;
- complexity of the issues;
- the registrant's health;
- staff resources available;
- the involvement of legal counsel; and
- legal proceedings.

#### **Complaints Received**

Between 01 November 2017 and 31 December 2017, the College opened 34 complaints. In the same two-month period in the previous fiscal year, the College opened 39 complaints.

The Chart at Tab B includes the number of complaint files opened and closed by month for 01 November 2017 to 31 December 2017.

The Chart at Tab C include files opened by month so far this fiscal year over last fiscal year. 157 files were opened from 01 March 2017 to 31 December 2017, compared to 149 files this time last fiscal year.

Of the 30 complaints received between 01 November 2017 and 31 December, 28 (82%) were from patients or family members of a patient.



#### **Closed Complaints**

The Complaints Team continues to target the older files in the system.

The Chart at Tab D sets out the age of files on closing between 01 November 2017 and 31 December 2017. The College closed 24 files during that period. 7 files were closed in under a year. Between 01 November 2016 and 31 December 2016, the College closed 27 files, 12 of which were closed in under a year.

The majority of files are closed because the allegations are unsubstantiated or can be resolved by agreement. The most common treatment issues found on closing are:

- recordkeeping (30%)
- diagnosis and treatment planning (16%)
- informed consent (14%)

#### Complaints to the Ombudsperson

The Ombudsperson for the Province of British Columbia accepts complaints/inquiries regarding professional associations and regulators, including CDSBC.

We have not yet received the Ombudsman's report for this reporting period.

#### **Monitoring Files**

Monitoring files consist of confidential health files and files opened to track compliance, completion and assessment of consensual remedial agreements.

The assessment of these agreements is determined through chart reviews initiated at predetermined intervals after successful completion of the remedial education.

The increase in complaint file closures over the last 2-3 years, has resulted in an expected and significant increase in the number of monitoring files opened.

College staff have embarked on in-depth analysis of the existing monitoring files. The following Tab E represents the preliminary work that has been done and are being presented for the first time. It is hoped that the reporting will become more in depth as the sophistication of the analysis increases.

Two part-time staff dentists have been hired over the past year to work exclusively on conducting monitoring file chart reviews and reducing the backlog.

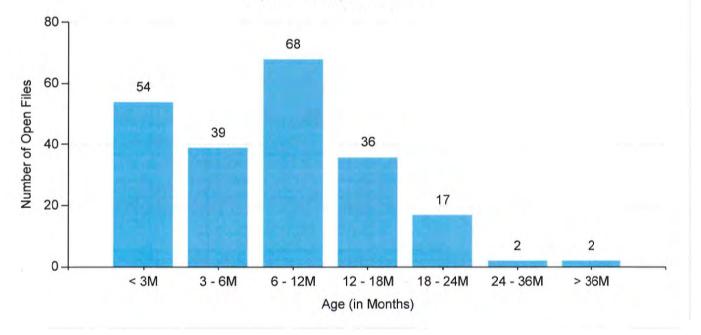


### **Open Files Aging Report**

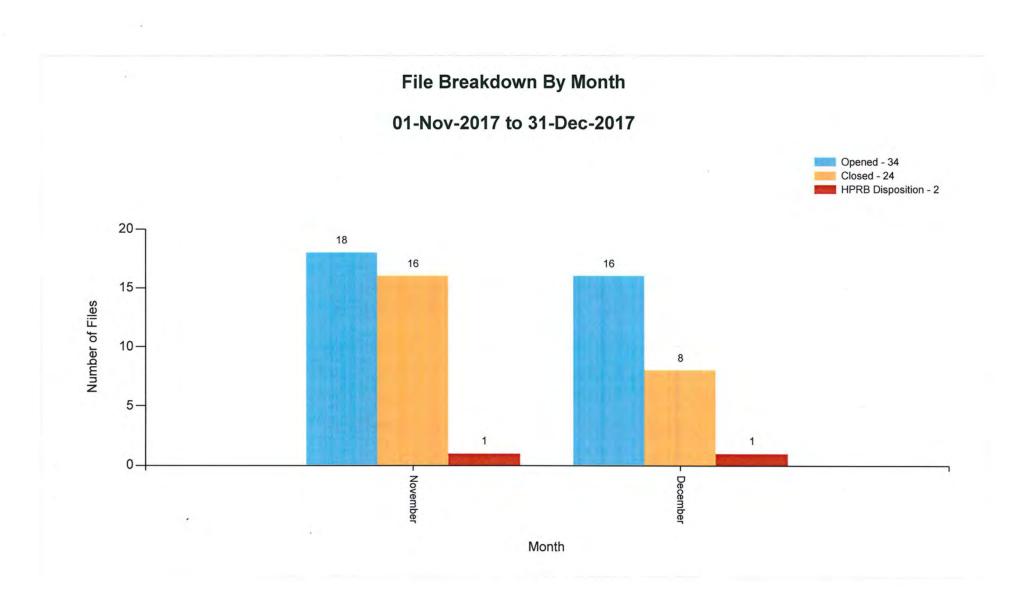
As of December 31, 2017 Average File Age (days): **257** 

<u>File #</u>	<u>Opened</u>	Days Dentist/CDA	<u>Complainant</u>	<u>Investigator</u>	<u>Count</u>
					54
					39
					68
					36
					17
					2
					2
					218
	<u>File #</u>	File # Opened	File # Opened Days Dentist/CDA	File # Opened Days Dentist/CDA Complainant	File #     Opened     Days     Dentist/CDA     Complainant     Investigator

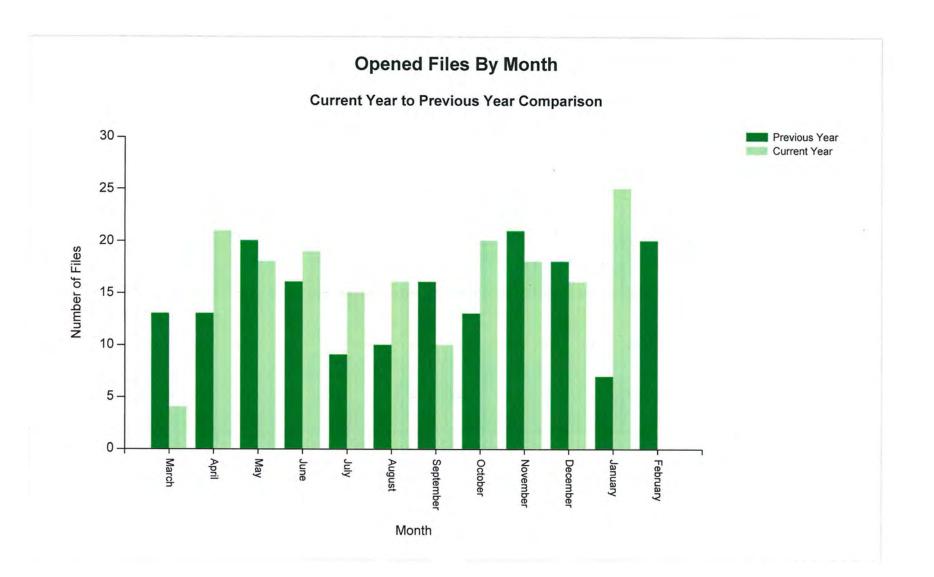
### **Open Complaint Files**



TAB B



TAB C



TAB D

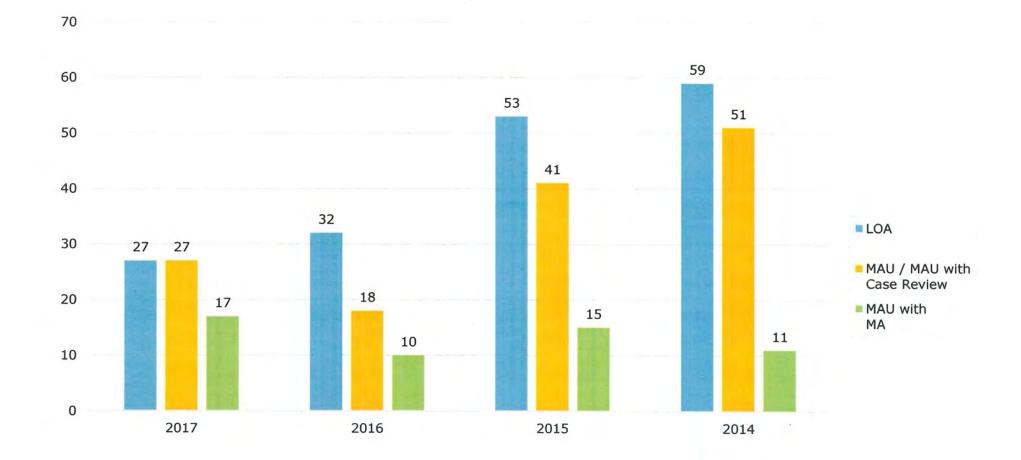
### Age of Files on Closing

Files Closed between 01-Nov-2017 and 31-Dec-2017

Age of Files (Days)	Number of Files
91 - 225	2
226 - 365	5
365+	17

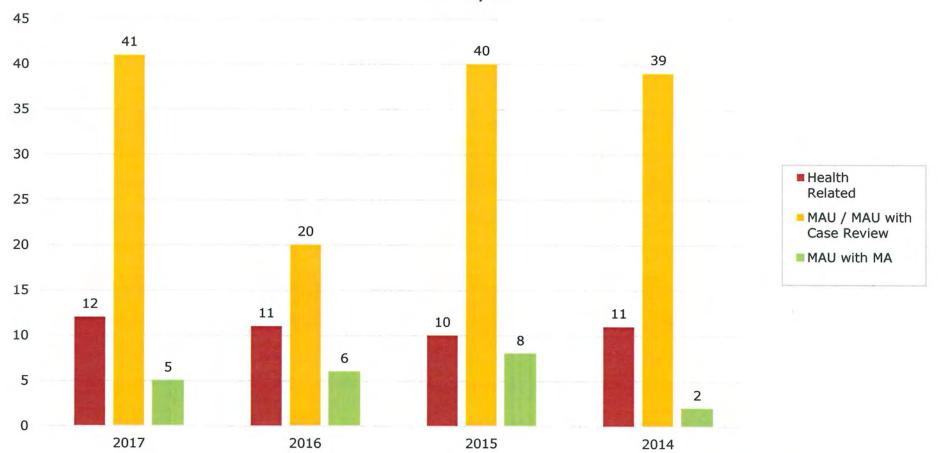
TAB E

## **Complaint File Recommendations**





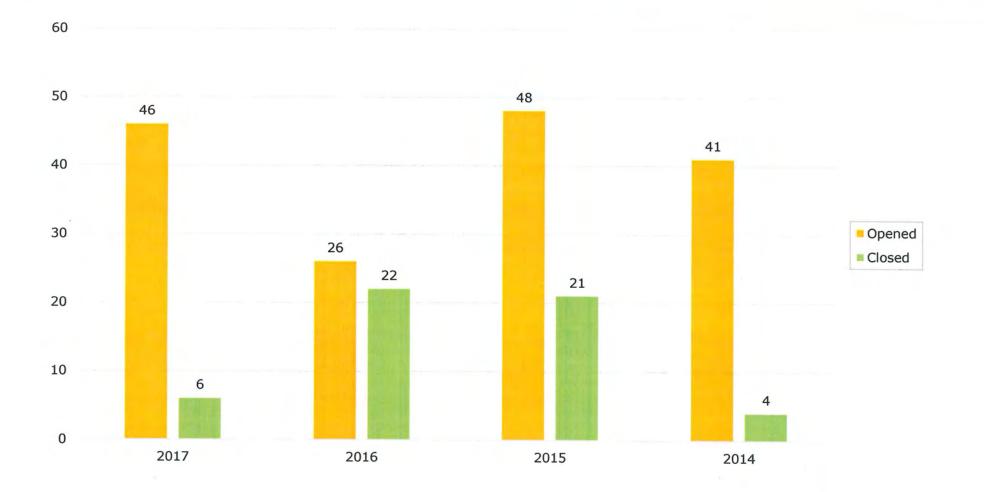
# Analysis of Monitoring Files



Analysis



## Monitoring Files – Opened / Closed



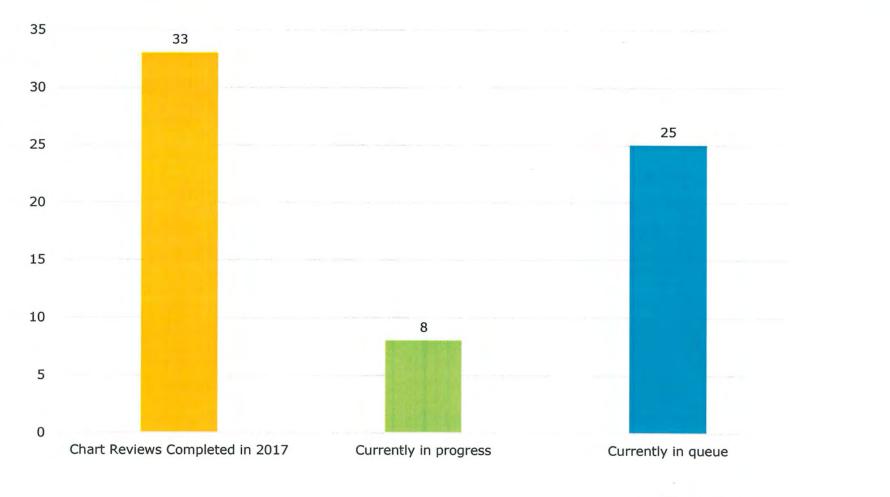


## Health Files – Opened / Closed





# Monitoring – Chart Reviews





500 - 1765 West 8th Avenue Vancouver BC Canada V6J 5C6

Phone 604 736 3621 Toll Free 1 800 663 9169 www.cdsbc.org



December 2017 & January 2018 Management Report (Public)

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### **ANNUAL RENEWAL**

December is the time when we ramp up the communications for the 1 March annual renewal deadline. Registrants receive their hard copy renewal notices in the second week of January, timed with the opening of the online renewal system. The renewal notice includes the fee memo, which explains the rationale for the fees and, in the case of 2018 renewal, advises registrants of the modest fee increase of \$50 for practising dentists, and \$15 for practising certified dental assistants.

One-third of registrants had their continuing education (CE) cycles end on 31 December. As of that date, several hundred did not have the minimum CE credits required for renewal in March. We continue to remind those registrants of the approaching deadline, which in turn prompts many emails and phone calls to the registration department with questions and requests.



Nominations will be accepted until 4:30 pm on 15 March 2018 for the following positions:

- **Board officers (one-year term)** President, Vice-President, Treasurer
- Board Members (two-year term) Dentist, District 1 (Fraser Valley); Dentist, District 4 (Vancouver); Certified Specialist; UBC Faculty of Dentistry; Certified Dental Assistant

The Notice of Election/Call for Nominations was distributed to registrants as part of their renewal package (see above) with the nomination packages available online. The website will be updated in accordance with the key dates/deadlines. For example, the nomination packages will be replaced with the candidate statements in April.

### **PRESENTATION TRAINING**

On 18 January, we held a workshop on persuasive presentations for the board officers and staff (managers and complaint investigators) who are called upon to give presentations on behalf of the College. The workshop was led by former reporters Ken Coach and Joanna Piros. It was an intense day in which the participants were required to go outside of their comfort zones in order to tell a compelling story and connect with the audience. Each presentation was videotaped, with participants receiving feedback from the group and from the workshop leaders.

### **UBC DENTISTRY**

On 10 January, the College and the British Columbia Dental Association (BCDA) delivered a joint lecture to fourth-year dentistry students. This was the second in a series of three lectures taking place as part of the Professionalism and Community Service (PACS) module, and it will be the final year that we participate in this way, as the curriculum is being updated. The presentation was led by Dr. Chris Hacker, Deputy Registrar and Director of Professional Practice, and Dr. Patti-Anne Jones, BCDA Co-Director of Member Services. The objective of this lecture was to explain the respective roles of each of:

- BCDA, e.g. advocacy, suggested fee guide, counselling
- CDSBC, e.g. public protection through setting standards, continuing competence, investigating complaints
- The courts, e.g. concerned with compensation for harm



### **DISCIPLINE COMMITTEE TRAINING SESSION**

The Discipline Committee met for its annual training 26 January at the Terminal City Club. There were presentations in the morning from Cathy Herb-Kelly and David Martin, who act as counsel for Discipline Committee panels at hearings. The afternoon was taken up with hearing scenarios with the committee split into panels to rule on applications, objections, disruptive counsel, mark exhibits and write reasons on issues. Staff played the parts of College counsel, respondent's counsel, court reporter and witnesses.

### **COMPLAINT SUMMARIES**

In recent years, about 1/3 of complaints have been resolved by agreement with the registrant to take some action to improve their practice. These complaints do not require named publication under the *Health Professions Act* (HPA). At the same time, the College believes that public disclosure beyond what the HPA requires will promote public confidence and help registrants understand how they might prevent similar situations and avoid becoming the subject of a complaint. For this reason, we publish anonymous summaries of complaints that were resolved with the registrant agreeing to take some steps to address concerns

raised in the investigation.

Each complaint file summary contains a brief description of the nature of the complaint, information gathered during the investigation, and the agreed upon resolution. Identifying information about the individuals involved has been removed. "CDSBC Investigators found that the dentist was unprepared for the patient's increasing anxiety and did not address it in a meaningful way."

"CDSBC Investigators reviewed the records and found that they lacked detail and did not contain any information about the clinical observations to justify the diagnosis and treatment planning."

"A Registered Dental Hygienist contacted CDSBC pursuant to her duty to report under the *Health Professions Act.* She was concerned that the dentist had altered her chart entries without her knowledge or consent, and had deleted entries made by another staff member."

--Excerpts from three 2016/17 complaint summaries

There are now more than 450 complaint summaries

available on the website, spanning a period of five years (2012/13 to 2016/17).



### **PACIFIC DENTAL CONFERENCE**

Planning is well underway for the Pacific Dental Conference (PDC) that takes place 8-10 March at the Vancouver Convention Centre. The College participates at the PDC in three ways:

- **Booth in the exhibit hall**: This is where conference attendees can speak to our board officers, staff, and complaint investigators. The exhibit hall is open on 8 and 9 of March.
- Session: Dentists are invited to attend our session "Preserving public trust: Why your dental practice and future depend on it" from 8:30-11 on Friday, 9 March at the Vancouver Convention Centre West (room 306). The speakers are Dr. David Ozar, Department of Philosophy at Loyola University Chicago; Dr. Donald Patthoff, a general dentist and the ethics chair of the Berkeley Medical Center in Martinsburg, West Virginia; and Dr. Carlos Quiñonez, a dental public health specialist and researcher at the University of Toronto.
- Awards Ceremony: Registrants, board and committee members, staff and special guests are invited to help us honour 11 award winners for their contributions to the College. This event is being held at the Fairmont Waterfront Hotel (Mackenzie Ballroom) at 6pm on Thursday, 8 March. Please note that conference registration is not required to attend the awards ceremony as it is held after conference hours. The Nominations Committee oversees the awards program on behalf of the Board.



Guests at the 2017 awards ceremony (second from right is Honoured Member Award Winner Dr. Bob Coles)

### **LISTENING SESSION REPORTS**

The College has held seven listening sessions around the province, in Victoria, Surrey, Nanaimo, Nelson, Vancouver, Kelowna and Prince George. Detailed reports from all of the listening sessions are on our website.



### **QUALITY ASSURANCE PROGRAM PROPOSAL**

In support of the Quality Assurance Working Group and its project to improve the existing QA program, three members of the staff team have devoted significant time in the month of January to the preparation of the draft proposal for submission to the Board.

### **BOARD WORKSHOP**

"First Nations and Aboriginal people have a right to access a health care system that is free of racism and discrimination and to feel safe when accessing health care."

--First Nations Health Authority

As a signatory to the Declaration of Commitment to Cultural Safety and Humility, we are excited to be working with the First Nations Health Authority (FNHA) on the 23 February board workshop. This follows a highly successful workshop delivered by FNHA for the BC Health Regulators group in October 2017. We anticipate that the first half of the day will involve presentations on the historical context (legacy of colonialism), the importance of cultural safety and humility in the provision of healthcare, as well as experiential learning provided by an elder. The second half of the day will include group discussion on how CDSBC can promote cultural safety and humility in the provision of care by our registrants.

CULTURAL SAFETY is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.

CULTURAL HUMILITY is a process of self-reflection to understand personal and systemic conditioned biases, and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a life-long learner when it comes to understanding another's experience.

--First Nations Health Authority



The College has an obligation to publish details of complaint and disciplinary proceedings under certain prescribed circumstances, pursuant to section 39.3 of the *Health Professions Act*. We published notices about two registrants in January. More information about both cases is available on the College's website.

### Dr. Suzanne E. Cziraki

Dr. Cziraki is registered as a certified specialist in Orthodontics and Dentofacial Orthopedics. She has a practice in Vancouver and formerly owned a practice in Cranbrook. A discipline hearing was set and then cancelled when Dr. Cziraki made admissions and proposed a resolution under s.37.1 of the *Health Professions Act*. Dr. Cziraki has admitted to professional misconduct with respect to a number of patients in that:

- She failed to accurately diagnose the presenting conditions, provide all reasonable treatment options, and develop appropriate treatment plans.
- She failed to appropriately manage patients.
- She provided unnecessary or inappropriate treatment.
- She unduly extended the length of treatment and/or increased the complexity of treatment.
- Under her supervision, her office submitted insurance claims for treatments that either were not indicated and/or not provided, or should not have been billed separately from the orthodontic treatment.

A panel of the Inquiry Committee considered Dr. Cziraki's admissions and her proposal and ordered a reprimand, a fine, payment towards the costs of the investigation, an educational program and monitoring.

### **Dr. Doochul Shin**

Dr. Shin, a general dentist in Coquitlam, has signed a memorandum of agreement and understanding (MAU) acknowledging concerns that his professionalism and ethical behaviour in the context of dentist/staff boundaries were not in keeping with the standards expected in B.C. He is suspended from practice for two months and a condition has been placed on his practice that he will not be alone with any female employee in a clinical setting without a second employee being present and will not take any female employee into his private office unless accompanied by another employee.

Dr. Shin is reprimanded and required to pay a fine, pass an ethics course and receive psychological counselling.